24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Mayday PAC	
	C C00562587
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
David Perelman	09
Mailing Address 11 Plymouth Rd	Amount
City State Zip Code	3000.00
Lexington MA 02421-5810	Transaction ID : VNV0C9PGYG6 Date of Disbursement or Obligation
Purpose of Expenditure Grassroots and Communication Services Category/ Type	09 28 7 2014
Name of Federal Candidate Support Office	e Sought: X House District: 06
Paul Clements Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary ⊠ General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amazint
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disbr	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	3000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	3000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	